PTO/SE/22 (8-00)
Approved for use through 10/31/2002, OMB 0651-0081
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Application Number 10/078,191 Field 14 February 2002 For METHOD OF TREATING OF DEMYPELINATING DISEASES OR CONDITIONS Group An Unit 1614 Examiner Jones, Dwayne C. This is a request under the provisions of 37 CFR 1.198(a) to extend the period for filing a reply in the above identified application. The requested extension lesses are as follows (check time period desired): Grow months (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5)) The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1982. I am the assignee of record of the entire interest. applicant. Signature Barbare E. Kurys, Reg. No. 34, 650 Typed or Printed Name		PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) In re Application of Craig P. Smith et al	
For METHOD OF TREATING OF DEMYELINATING DISEASES OR CONDITIONS Group An Unit 1614 Examber Jones, Dwayne C. This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension fees are as follows (check time period desired): One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Prive months (37 CFR 1.17(a)(4)) Prive months (37 CFR 1.17(a)(5)) The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1922. I have enclosed a duplicatic copy of this sheet. I am the assignee of record of the entire interest. applicant. Signature Barbare E. Kurys, Reg. No. 34, 650 Typed or Printed Name			
DISEASES OR CONDITIONS Group An Unit 1614 Examiner Jones, Dwayne C. This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension less are as follows (check time period desired): One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5)) The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1822. I am the assignee of record of the entire interest. applicant. Signature Barbara E. Kurys, Reg. No. 34, 650 Typed or Printed Name		7,000,131	
This is a request under the provisions of 37 CFR 1.138(a) to extend the period for filing a reply in the above identified application. The requested extension fees are as follows (check time period desired): One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5)) The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-1982. I have enclosed a duplicate copy of this sheet. I am the assignee of record of the entire interest. applicant. Barbara E. Kurys, Reg. No. 34, 650 Typed or Prioted Name			
reply in the above identified application. The requested extension fees are as follows (check time period desired): One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5)) The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-1992. I have enclosed a duplicate copy of this sheet. I am the assignee of record of the entire interest. applicant. Signature Barbara E. Kurys, Reg. No. 34, 650 Typed or Printed Name		Group Art Unit 1614 Examiner Jones, Dwayne C.	
Check time period desired):		This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.	
Two months (37 CFR 1.17(a)(2)) Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5)) The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1982. I have enclosed a duplicate copy of this sheet. I am the assignee of record of the entire interest. applicant. Signature Barbara E. Kurys, Reg. No. 34, 650 Typed or Printed Name		The requested extension fees are as follows (check time period desired):	
Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5)) The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-1982. I have enclosed a duplicate copy of this sheet. I am the assignee of record of the entire interest. applicant. Signature Barbara E. Kurys, Reg. No. 34, 650 Typed or Printed Name		GIB INDIES (C) OF A STATE OF A ST	9
Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5)) The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1982. I have enclosed a duplicate copy of this sheet. I am the		Two months (37 CFR 1.17(a)(2)) \$ 420.00	
Five months (37 CFR 1.17(a)(5)) The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1982. I have enclosed a duplicate copy of this sheet. I am the		☐ Three months (37 CFR 1.17(a)(3)) \$ 950,00	\sim
The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1982. I have enclosed a duplicate copy of this sheet. I am the assignee of record of the entire interest. applicant. attorney or agent of record (Customer No. 005487). Date Signature Barbara E. Kurys, Reg. No. 34, 650 Typed or Printed Name		Four months (37 CFR 1.17(a)(4)) \$ 1,480.00	\
application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1982. I have enclosed a duplicate copy of this sheet. I am the	:	Five months (37 CFR 1.17(a)(5)) \$ 2,010.00	4
attorney or agent of record (Customer No. 605487). The Date Signature		The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	2
attorney or agent of record (Customer No. 605487). The Date Signature		required, or credit any overpayment, to Deposit Account Number 18-1982.	30
attorney or agent of record (Customer No. 605487). The Date Signature		I am the assignee of record of the entire interest.	
7/20/04 Signature Signature Barbara E. Kurys, Reg. No. 34, 650 Typed or Printed Name		applicant.	6
Date Signature Barbara E. Kurys, Reg. No. 34, 650 Typed or Printed Name		attorney or agent of record (Customer No. 005487).	(
3/13/2004 HEEND: 00000001 181982 10075191 Typed or Printed Name			
7/ 10/ Lea ; nethal	. a 74 77 0AA# UNCHF	Typed or Printed Name	
		054.00.00	

Surden Hour Statement. This form is estimated to take 0,1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the entount of time you are required to complete this form should be sent to the Chief information Officer, U.S. Patent and Trademark Office, Alexandria, VA 22131.

DO NOT SIEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionar for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.